



Editorials	1371	From black bag to black box: will computers improve the NHS?	INTERNATIONAL		
	1372	Liam J Donaldson Going home			
		H J N Bethell			
	1373	Mortality among second generation Irish in England and Wales John Haskey			
	1374	Does Britain need an academy of medicine? Richard Smith			
	1375	Laparoscopic cholecystectomy: the other side of the coin Onno T Terpstra			
	1376	New hope for WHO? Fiona Godlee			
News	1377	Regulation of aid agencies · Doctor's duty to report torture · Australian doctors and gun laws · Patent war in US · Herbal stimulants in US deaths · Cocaine and emotional problems · BUPA scheme · US welfare · NHS reviews treatment packages · US tobacco companies compromise on adolescent smokers			
Papers	• 1381	Seasonality and the sudden infant death syndrome during 1987-9 and 1991-3 in Australia and Britain A S Douglas, T M Allan, P J Helms			
	1384	Long term backache after childbirth: prospective search for causative factors Robin Russell, Ruth Dundas, Felicity Reynolds			
	1389	Patterns of mortality in second generation Irish living in England and Wales: longitudinal study S Harding, R Balarajan			
	1393	Growth in utero and cognitive function in adult life: follow up study of people born between 1920 and 1943 Christopher N Martyn, Catharine R Gale, Avan Aihie Sayer, Caroline Fall			
	1396	Perioperative myocardial infarction in peripheral vascular surgery N Mamode, R N Scott, S C McLaughlin, A McLelland, J G Pollock			
	1397	Risk factors for sudden infant death syndrome: further change in 1992-3 Christine M H Hiley, Colin J Morley			
	1392	Correction: Randomised study of n of 1 trials versus standard practice Mahon and others Ranitidine and aseptic meningitis Durand and Suchet			
General	1399	The extent of the two tier service for fundholders Robert M Kammerling, Andrew Kinnear			
Practice	1401	Responding to out of hours requests for visits: a survey of general practitioner opinion B V Court, C P Bradley, K K Cheng, R J Lancashire 1402 Commentary Lesley Hallam			
Education	1403	Fortnightly Review: Callosities, corns, and calluses Dishan Singh, George Bentley, Saul G Trevino			
& Debate	1407	What value do computers provide to NHS hospitals? Chris Lock			
	1411	Prison rights: mandatory drugs tests and performance indicators for prisons Sheila M Gore, A Graham Bird, Amanda J Ross			
	1406	Correction: Recent advances in medical genetics Yates			

 $1411-1430 \quad \textbf{Obituaries} \cdot \textbf{Letters} \cdot \textbf{Medicopolitical Digest} \cdot \textbf{Soundings} \cdot \textbf{Personal View} \cdot \textbf{Medicine and the Media} \cdot \textbf{Medicine and Books} \cdot \textbf{Minerva} \cdot (\textit{in detail overleaf})$

1414 Obituaries

Andrew Smith, David Milner, Robert Gordon Mitchell, F J W Miller, William Frain-Bell, Ehiogie Aihie, Hubert William Balch, William Michael de Courcy Boxill, Paul Brown, Harry Vincent Cross, Matthew De Lacey ("Matt"), Owen Geoffrey Franklin, Elizabeth Georgina Wenmouth Gore, George Louis Huntington LeBouvier, William McKechnie, Teresa Morrison, Peter Charles Hutchinson Newbold, Stanley Nowell, Farouk Montaser Ragab, Agnes Paterson Thomas, Ben Weston Wells,

1417 Letters

1417	Adjuvant treatment for colorectal cancer Guru Aithal and Andrew Tanner; Richard Gray and John Northover;	1420	Screening to prevent renal failure in diabetic patients Knut Borch-Johnsen and others; Bryce A Kiberd and Kailash K Jindal
1418	Maurice L Slevin Getting urgent information to doctors	1421	Doctors should check datasheets J Michael Dixon
	Mary E Black	1421	Treat patients with kindness during magnetic resonance imaging Keith Duncan and others
1418	Health link between countries should be global A Mafojane		
1418	One stop shopping for global health information Ronald Laporte	1421	The nature of general practice Andy Moore; Keith Edgar; J Hopkins; Jon Tuppen; Nina Leech; Chris Roberts
1418	Monitoring the frequency of side effects of drugs Richard Martin and others; David A B St.George	1423	Myocardial infarction at work cannot be regarded as an accident
1419	Teenage sex		U J Kirkpatrick and C N McCollum
	T C Dann; Anna Pallecaros and others; Philip Graham	1423	Redefining authorship Elizabeth Wager; William Foulkes and Norah Neylon

1424 Medicopolitical Digest

GPs and handguns · Juniors' guidance on hours · Recruitment problems in general practice · Hospital manpower problems

1425 Soundings To all doctors in Britain James Owen Drife Ever been had? Trisha Greenhalgh

1426 Personal View

On hanging up my stethoscope Oliver Samuel

Becoming a grandmother—Has childbirth really changed? Ann Oakley

1427 Medicine and the Media Performing Rights Douglas Carnall

1428 Books

- 1428 Peter Wilcock: The Practice of Quality (Donald Irvine, Sally Irvine); Advancing Quality: Total Quality Management in the National Health Service(Richard Joss, Maurice Kogan)
- 1428 Wendy Savage: Abortion: Between Freedom and Necessity (Janet Hadley)
- 1429 Martin Keefe: Skin Disease in Childhood and Adolescence (Elisabeth Higgins, Anthony du Vivier)
- 1429 Anthony Daniels: The Health of Prisoners (Ed Richard Creese, W F Bynum, J Bearn)

1430 Minerva

From prisons to Brussels

There are no formal economic evaluations in this week's BMJ—unlike last week—but two papers are concerned with the issue of spending large sums of money without being clear about the goal or its value—in monetary or any other terms. The first is Chris Lock's (p 1407) analysis of the value of computers to NHS hospitals: a systematic review of the literature revealed published data on the value of computing systems in only 12 hospitals. The investment in these hospitals represented about 10% of the total of £220m that the NHS is estimated to invest in information technology each year. Lock urges clinicians to seek the same sort of evidence of effectiveness from information technology investments as they would for other initiatives.

Next comes Sheila Gore's (p 1411) analysis of the British prison service's mandatory drugs testing programme. After a pilot study in eight prisons the prison service plans to introduce a programme whereby each prison will have to test a minimum number of prisoners each month. Gore's fear is that the policy might increase the risk of inmates switching from cannabis to injectable class A drugs because

the latter have a shorter half life (and so are less detectable), while the difference in punishment (loss of 21 days' remission versus loss of 14) is slight. The extra days of punishment attributed to the policy (for inmates who refuse testing or are found positive) amount to £16 000-£23 000 every 28 days in a prison of 500 inmates. The perceived need to punish drug use has, says Gore, "compromised opportunities to obtain quality data from which to determine policy."

Some people think that the perceived need to punish Europe for its ban on British beef has compromised the British government's approach to handling the beef crisis. For those who think that Europe deserves better, help is at hand from Jim Drife (p 1425). He outlines moves by the European Union to quell anxieties over another issue of public health importance—rumours that in some countries doctors continue to practise after they have died. He outlines the new guidelines being introduced by the General Medical Council, in accordance with European regulations, to ensure that "medical practice should be undertaken only by doctors who are alive."

BMJ Editor's Choice

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